

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

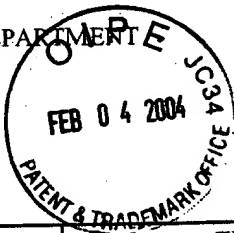
**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax (703) 746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21967 7590 11/25/2003

HUNTON & WILLIAMS  
 INTELLECTUAL PROPERTY DEPARTMENT  
 1900 K STREET, N.W.  
 SUITE 1200  
 WASHINGTON, DC 20006-1109



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/724,770	11/28/2000	Robert H. Dueck	34013-48PT	7641

TITLE OF INVENTION: ATHERMALIZATION AND PRESSURE DESENSITIZATION OF DIFFRACTION GRATING BASED WDM DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	02/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAO, CHIH CHENG G	2882	385-037000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Hunton & Williams LLP

2.

3.

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Confluent Photonics Corporation

Salem, New Hampshire

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

#### 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☐ Advance Order - # of Copies \_\_\_\_\_

#### 4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0206 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

2/4/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



Patent Application  
Attorney Docket No.: 62687.000091  
Client Reference No.: D-99018A-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: :  
: Robert H. Dueck, et al. : Group Art Unit: 2882  
: Appln. No.: 09/724,770 :  
: Filed: November 28, 2000 : Examiner: Chih-Cheng G. Kao  
: For: ATHERMALIZATION AND PRESSURE :  
: DESENSITIZATION OF DIFFRACTION:  
: GRATING BASED WDM DEVICES :

Mail Stop Issue Fee  
Commissioner for Patents  
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Alexandria, VA 22313-1450

SUBMISSION OF ISSUE FEE TRANSMITTAL

Sir:

Submitted herewith is the Part B - Issue Fee Transmittal  
for the above-identified patent application.

[ ] No additional fee is required.

[X] Also attached: Return Receipt Postcard, and a check in the  
amount of \$665.00.

[X] The fee is calculated as shown below:

	PRESENT # OF CLAIMS	HIGHEST # PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	14	20	0	x \$18 =	\$ .00
Independent Claims	2	3	0	x \$86 =	\$ .00
Subtotal					\$ .00
Issue Fee					\$1330.00
Subtract ½ if Small Entity					\$665.00
<b>TOTAL FEE DUE</b>					<b>\$665.00</b>

[ ] Please charge Deposit Account No. 50-0206 in the amount of \$ .00 for the above-indicated fees. A duplicate copy of this transmittal is submitted herewith.

[X] The Commissioner is hereby authorized to charge any shortage in fees associated with the filing of this communication, or credit any overpayment, to Deposit Account No. 50-0206. A duplicate copy of this transmittal is submitted herewith.

Respectfully submitted,

Hunton & Williams LLP

By: 

Thomas E. Anderson

Registration No. 37,063

TEA/vrp

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Date: February 4, 2004